

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020838

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5348** STATE FILE NUMBER

**FILED JUN 7 1962**

VS 300  
Rev. 4/59  
2009  
4038  
423838

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
St. Louis, Missouri		St. Louis, Missouri				Missouri		St. Louis,		Rock Hill		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		3. NAME OF DECEASED (Type or print) First Middle Last		4. DATE OF DEATH Month Day Year		e. STATE		f. COUNTY					
St. Louis-Little Rock Hosp. Inc.		432 Hazelgreen Drive		Yes <input type="checkbox"/> No <input type="checkbox"/>		William John Peppe		May 27, 1962		Missouri		St. Louis,					
5. SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.					
Male		White				6-8-1890		71									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)				12. CITIZEN OF WHAT COUNTRY					
(Retired Switchman)				Railroad				Granite City, Ill.				U. S. A.					
13a. FATHER'S NAME						13b. MOTHER'S MAIDEN NAME						14. NAME OF HUSBAND OR WIFE					
John Peppe						Unknown						Mayme Peppe					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)						16. SOCIAL SECURITY NO.						17. INFORMANT Address					
No												Mayme Peppe 432 Hazelgreen Dr.					
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:														INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a)														8 days			
DUE TO (b) Heart Failure																	
DUE TO (c) Cor Pulmonale 527.1																	
Pulmonary emphysema														Several years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)														PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)													
20c. TIME OF INJURY Hour a.m. Month, Day, Year																	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION				COUNTY STATE					
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE <i>J. C. Greenman</i> (Degree or title)						22b. ADDRESS 1755 South Grand Blvd.						22c. DATE SIGNED 5/28/62					
23a. BURIAL, CREMATION, REMOVAL (Specify)				23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)							
Burial				5-29-62		Calvary Cemetery				St. Louis, Mo.							
24. FUNERAL DIRECTOR Jay B. Smith ADDRESS 7156 Manchester						25. DATE RECD. BY REG. MAY 28 1962		26. REGISTRAR'S SIGNATURE <i>Roald Smith, M.D.</i>									

USE BLACK INK OR TYPEWRITER RIBBON

69

ITEM NO.

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *HCBurgess*

Licensed Embalmer No. 4029

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.